



**New Hampshire Department of Safety**  
**Division of Fire Standards and Training and Emergency Medical Services**

33 Hazen Drive, Concord, NH 03305 1-800-371-4503 or 603-223-4200 FAX: 603-271-1091

**GENERAL ADMISSION APPLICATION**

**Section 1: PERSONAL INFORMATION**

Name: \_\_\_\_\_ Sex: M\_\_\_ F\_\_\_ SSN: \_\_\_\_-\_\_\_\_-\_\_\_\_ DOB: \_\_\_\_-\_\_\_\_-\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Rank in Dept. \_\_\_\_\_  
Department / Agency: \_\_\_\_\_ Career: \_\_\_\_\_ Volunteer: \_\_\_\_\_ Call: \_\_\_\_\_  
Agency Phone: \_\_\_\_\_ Agency Fax: \_\_\_\_\_

**Section 2: COURSE INFORMATION**

Course Requested: \_\_\_\_\_ CREF #: \_\_\_\_\_  
Course Start Date: \_\_\_\_\_ Course Location: \_\_\_\_\_

**\*\*NOTE: Submitting an application without having met prerequisites will delay enrollment.**

I certify that the information on this application is correct. I agree to abide by the rules, policies, and regulations of the New Hampshire Division of Fire Standards and Training and Emergency Medical Services if I am admitted as a student. Falsification on information may result in denial of a course certificate. I hereby authorize release of any and all information concerning my enrollment in this course to the chief officer in charge or designee of my organization.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Section 3: AGENCY AUTHORIZATION** (applicable for ALL students being sponsored by their depts. / agencies)

**\*\*NOTE: Non-affiliated applicants must submit proof of healthcare coverage with application.**

I hereby authorize the above applicant to participate in the program above and therefore understand that the above-named individual will be covered by my organization's Worker's Compensation Insurance while participating in such training, and that the Fire Standards and Training Commission and the Division of Fire Standards and Training and Emergency Medical Services shall not be liable for any injuries sustained during such training.

This applicant is considered by my agency's standards to be physically and emotionally fit to perform firefighting evolutions without special considerations, and where applicable, to meet NFPA 1582.

**Signature of Agency Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_



By checking here, my agency also agrees to pay tuition upon billing from the Division and is aware of the refund policy which is located on the Division's website: <http://www.nh.gov/safety/divisions/fstems/forms.html>

**Section 4: PERSONAL PAYMENT INFORMATION**

\_\_\_\_ Personal Check \_\_\_\_ Money Order / Bank Check  
\_\_\_\_ VISA \_\_\_\_ Master Card \_\_\_\_ American Express  
Full name listed on card: \_\_\_\_\_  
Card number: \_\_\_\_\_ Exp: \_\_\_\_\_ V Code #: \_\_\_\_\_  
(3 digit # on the back of card)  
Amount: \_\_\_\_\_

**Signature:** \_\_\_\_\_

**STAFF USE ONLY**

For further information on the Division's **refund policy and dormitory reservations**, please refer to the Division's website:  
<http://www.nh.gov/safety/divisions/fstems/index.html>